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|--|----------------------|------------------------|-----------------|
| <h1>TRANSMITTAL<br/>FORM</h1> <p><small>(to be used for all correspondence after initial filing)</small></p> | Application Number   | 10/822,556-Conf. #2616 |                 |
|  | Filing Date          | April 12, 2004         |                 |
|  | First Named Inventor | Masashi Enomoto        |                 |
|  | Art Unit             | 1795                   |                 |
|  | Examiner Name        | G. Mowia               |                 |
| Total Number of Pages in This Submission   | 26                   | Attorney Docket Number | S1459.70088US00 |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks:  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                |          |        |
|--|--------------------------------|----------|--------|
| Firm Name                                  | WOLF, GREENFIELD & SACKS, P.C. |          |        |
| Signature                                  | <i>Randy J. Pritzker</i>       |          |        |
| Printed name                               | Randy J. Pritzker              |          |        |
| Date                                       | October 17, 2008               | Reg. No. | 35,986 |

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| Certificate of Electronic Filing Under 37 CFR 1.4  |  |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(b)(4). |  |
| Dated: October 17, 2008  | Signature: <i>Paula K. Fairweather</i><br>(Paula K. Fairweather) |

|   |                   |   |   |
|---|-------------------|---|---|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4610).</b> |                   | <b>Complete if Known</b>                            |   |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2009</b>  |                   | <b>Application Number</b><br>10/822,558-Conf. #2616 | <b>Filing Date</b><br>April 12, 2004          |
|   |                   | <b>First Named Inventor</b><br>Masashi Enomoto      | <b>Examiner Name</b><br>G. Mowla              |
|   |                   | <b>Art Unit</b><br>1795                             | <b>Attorney Docket No.</b><br>S1459.70088US00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |                   |   |   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(#)</b> 260.00 |   |   |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input checked="" type="checkbox"/> Credit Card                                   |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: 23/2825   |
| Deposit Account Name: Wolf, Greenfield & Sacks, P.C.   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |                     |                     |   |                         |                      |                       |
|---|---------------------|---------------------|---------------------|---|-------------------------|----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |                     |                     |   |                         |                      |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |                     |                     |   |                         |                      |                       |
|   | <b>FILING FEES</b>  |                     | <b>SEARCH FEES</b>  |   | <b>EXAMINATION FEES</b> |                      |                       |
|   | <b>Small Entity</b> |                     | <b>Small Entity</b> |   | <b>Small Entity</b>     |                      |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>     | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>         | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b> |
| Utility   | 330                 | 165                 | 540                 | 270   | 220                     | 110                  |                       |
| Design  | 220                 | 110                 | 100                 | 50  | 140                     | 70                   |                       |
| Plant   | 220                 | 110                 | 330                 | 165   | 170                     | 85                   |                       |
| Reissue   | 330                 | 165                 | 540                 | 270   | 650                     | 325                  |                       |
| Provisional   | 220                 | 110                 | 0                   | 0   | 0                       | 0                    |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |                     |                     |   |                         |                      |                       |
|   |                     |                     |                     |   |                         |                      | <b>Small Entity</b>   |
|   |                     |                     |                     |   |                         |                      | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                     |                     |                     |   |                         |                      | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |                     |                     |   |                         |                      | 52                    |
| Each independent claim over 3 (including Reissues)  |                     |                     |                     |   |                         |                      | 220                   |
| Multiple dependent claims   |                     |                     |                     |   |                         |                      | 110                   |
|   |                     |                     |                     |   |                         |                      | 195                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b> |                     | <b>Fee (\$)</b>   |                         | <b>Fee Paid (\$)</b> |                       |
| 36  |                     | - 31 or HP          |                     | 5   |                         | x 52.00 = 260.00     |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |                     |                     |   |                         |                      |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b> |                     | <b>Fee (\$)</b>   |                         | <b>Fee Paid (\$)</b> |                       |
| 9   |                     | - 8 or HP           |                     | 1   |                         | x 110 = 110          |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |                     |                     |   |                         |                      |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |                     |                     |   |                         |                      |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                     |                     |   |                         |                      |                       |
| <b>Total Sheets</b>   |                     | <b>Extra Sheets</b> |                     | <b>Number of each additional 50 or fraction thereof</b> |                         | <b>Fee (\$)</b>      |                       |
| 100   |                     | - 100 =             |                     | 0   |                         | x 270 = 0            |                       |
| (round up to a whole number) x  |                     |                     |                     |   |                         |                      |                       |
|   |                     |                     |                     |   |                         |                      | <b>Fee Paid (\$)</b>  |
| <b>4. OTHER FEE(S)</b>  |                     |                     |                     |   |                         |                      |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |                     |                     |   |                         |                      |                       |
| Other (e.g., late filing surcharge):  |                     |                     |                     |   |                         |                      |                       |

|                                     |   |                         |  |
|-------------------------------------|---|-------------------------|--|
| <b>SUBMITTED BY</b>                 |   |                         |  |
| Signature: <i>Randy J. Pritzer</i>  | Registration No. (Attorney/Agent): 35,986 | Telephone: 617.646.8000 |  |
| Name (Print/Type): Randy J. Pritzer | Date: October 17, 2008                    |                         |  |

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|--|---|
| <b>Certificate of Electronic Filing Under 37 CFR 1.8</b>   |   |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: October 17, 2008  | Signature: <i>Paula K. Fairweather</i> (Paula K. Fairweather) |